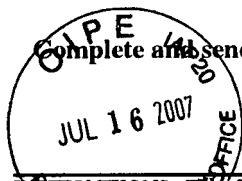


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated. ~~Any~~ corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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23565 7590 04/20/2007

~~KLAUBER & JACKSON~~
~~411 HACKENSACK AVENUE~~
~~HACKENSACK, NJ 07601~~

See attached
PTO/SB/122 Form

07/17/2007 SFELEKE2 00000002 09827666

01 FC:2501
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VERONICA MALLON	(Depositor's name)
Veronica Mallon	(Signature)
7/14/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/827,666	04/06/2001	Timothy J. Neuberger	365279-001	6738

TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR PROMOTING TISSUE REGENERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$1400 \$700	\$300	\$0	\$1700 \$1000	07/20/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
KWON, BRIAN YONG S	1614	514-381000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Veronica Mallon
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Tim Neuberger
Uri Herzberg
Veronica Mallon

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Diego, CA
Bridgewater, NJ
New City, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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- ☒ A check is enclosed. \$1,009.00
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Veronica Mallon

Date 7/14/07

Typed or printed name VERONICA MALLON

Registration No. 52,491

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